

USSN 09/613,961

**CERTIFICATE OF FACSIMILIE**

I hereby certify that the below listed items are being faxed to USPTO, ATTN: Examiner Kim Lewis at (703) 872-9306 on February 9, 2004:

  
Jennifer Pomoris


In Re Application of:

**A. Bart Flick**Serial No.: **09/613,961**Filed: **July 11, 2000**For: **MULTILAYER LAMINATE WOUND  
DRESSING**Confirmation No.: **1541**Group Art Unit: **3761**Examiner: **Lewis, Kim M.**Docket No. **120101-1010**

The following is a list of documents enclosed:

Fax Coversheet;  
Response (with Amendments);  
Exhibit 1;  
Amendment Transmittal Page; and  
Certificate of Facsimile.

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

<b>AMENDMENT TRANSMITTAL LETTER (SMALL)</b>				Docket No. <b>120101-1010</b>	
Applicant(s): <b>A. Bart Flick</b>					
Serial No. <b>09/613,981</b>	Filing Date <b>July 11, 2000</b>	Examiner <b>Lewis, Kim M.</b>	Confirmation No. <b>1541</b>	Group Art Unit <b>3761</b>	
Invention: <b>MULTILAYER LAMINATE WOUND DRESSING</b>					
Commissioner for Patents Mail Stop AF P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is an Response (With Amendments) in the above-identified application. The fee has been calculated and is transmitted as shown below					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	30 =	0	X \$9.00	\$
INDEP. CLAIMS	6 -	6 =	0	X \$42.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$140.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> 55.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> 205.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> 465.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> 725.00	\$0
Other Fees:					\$0
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$</b>
<input checked="" type="checkbox"/> No additional fee is required for the Response (With Amendments). <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____ <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 <b>Charles Vorndran, Reg. No. 45,315</b>			<u>2-9-04</u> Date		

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FEB 09 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

**A. Bart Flick**Serial No.: **09/613,961**Filed: **July 11, 2000**For: **MULTILAYER LAMINATE WOUND  
DRESSING**Confirmation No.: **1541**Group Art Unit: **3761**Examiner: **Lewis, Kim M.**Docket No. **120101-1010****OFFICIAL****RESPONSE (WITH AMENDMENTS)**Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

The outstanding final Office Action mailed December 8, 2003 (Paper No. 20) has been carefully considered. In response thereto, please enter the following amendments in which claims 1, 19, 23, 25-26, 31, and 32 are amended, and claims 24 and 33 are canceled. Claims 1, 3-19, 23, and 25-32 are now pending in the present application. Reconsideration and allowance of the application and presently pending claims, as amended, are respectfully requested.

***AUTHORIZATION TO DEBIT ACCOUNT***

It is believed that no extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.